



**Australian  
Resuscitation  
Council**



**NEW ZEALAND  
Resuscitation Council**  
WHAKAHAUORA AOTEAROA

# Guideline 3 – Recognition and First Aid Management of the Unconscious Person

## Summary

### Who does this guideline apply to?

This guideline applies to all persons who are unconscious. **Unconsciousness** is a state of unrousable, unresponsiveness, where the person is unaware of their surroundings and no purposeful response can be obtained.

### Who is the audience for this guideline?

This guideline is for use by bystanders, first aiders or first aid providers, first responders and health professionals.

### Recommendations

The Australian and New Zealand Committee on Resuscitation (ANZCOR) recommends that in all emergencies, the rescuer should manage the unconscious person who is breathing normally as follows:

1. Check for danger (assess and manage risks to the rescuer and others).
2. Assist the unconscious person to the ground and position on their side. Ensure the airway is open ([Guideline 4](#)). Do not leave the person sitting in a chair nor put their head between their knees.
3. **Call an ambulance.**
4. Promptly stop any bleeding ([Guideline 9.1.1](#)).
5. Constantly re-check the person's condition for any change.

If the person is unresponsive and not breathing normally, follow ANZCOR Basic Life Support Flowchart ([Guideline 8](#)).

# Causes of Unconsciousness

The causes of unconsciousness can be classified into four broad groups:

- low brain oxygen levels
- heart and circulation problems (e.g. fainting, abnormal heart rhythms)
- metabolic problems (e.g. overdose, intoxication, low blood sugar)
- brain problems (e.g. head injury, stroke, tumour, epilepsy).

Combinations of different causes may be present in an unconscious person e.g. a head injury due to the influence of alcohol.

## 2.0 | Recognition

Before loss of consciousness, the person may experience yawning, dizziness, sweating, change from normal skin colour, blurred or changed vision, or nausea.

Assess the collapsed person's response to verbal and tactile stimuli ('talk and touch'), ensuring that this does not cause or aggravate any injury. This may include giving a simple command such as, "open your eyes; squeeze my hand; let it go". Then grasp and squeeze the shoulders firmly to elicit a response.

A person who fails to respond or shows only a minor response, such as groaning without eye opening, should be managed as if unconscious. [Good practice statement]

## 3.0 | Management

If the person is unresponsive and not breathing normally, follow ANZCOR Basic Life Support Flowchart (Guideline 8).

With an unconscious breathing person, care of the airway takes precedence over any injury, including the possibility of a spinal injury ([Guideline 9.1.6](#)). An unconscious person must be handled gently and every effort made to avoid any twisting or forward movement of the head and spine.<sup>1</sup>

ANZCOR suggests that an unresponsive person who is breathing normally be positioned into a lateral, side-lying recovery (lateral recumbent) position as opposed to leaving them supine.<sup>2-4</sup> [2015/2020 CoSTR, weak recommendation, very-low-certainty evidence]

1. Ensure the safety of both the person and rescuer.
2. Assist the unconscious person to the ground and position them on the side. Ensure their airway is open ([Guideline 4](#)). Do not leave the person sitting in a chair nor put their head

between their knees.

3. **Call an ambulance.**
4. Promptly stop any bleeding ([Guideline 9.1.1](#)).
5. Constantly re-check the person's condition for any change.
6. Ideally, the most experienced rescuer should stay with the person.

## References

1. Hood N, Considine J. Spinal immobilisation in pre-hospital and emergency care: a systematic review of the literature. *Australasian Emergency Nursing Journal* 2015;18:118-37.
2. Zideman DA, Singletary EM, De Buck EDJ, et al. Part 9: First aid 2015 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations. *Resuscitation* 2015;95:e225-e61.
3. Singletary EM, Zideman DA, Bendall JC, et al. 2020 International Consensus on First Aid Science With Treatment Recommendations. *Circulation* 2020;142:S284-S334.
4. Singletary EM, Zideman DA, Bendall JC, et al. 2020 International Consensus on First Aid Science With Treatment Recommendations. *Resuscitation* 2020;156:A240-A82.

## Further Reading

[ANZCOR Guideline 4 Airway](#)

[ANZCOR Guideline 8 Cardiopulmonary Resuscitation](#)

[ANZCOR Guideline 9.1.1 Principles of Control of Bleeding for First Aiders](#)

[ANZCOR Guideline 9.1.6 Management of Suspected Spinal Injury](#)

## About this Guideline

<b>Search date/s</b>	ILCOR literature search details and dates are available on the CoSTR page of the ILCOR website ( <a href="https://costr.ilcor.org">https://costr.ilcor.org</a> ) and the relevant CoSTR documents: CPR Prior to Call for Help (BLS): Systematic Review <a href="https://costr.ilcor.org/document/cpr-prior-to-call-for-help-task-force-systematic-review-costr">https://costr.ilcor.org/document/cpr-prior-to-call-for-help-task-force-systematic-review-costr</a>
<b>Questions/PICOs:</b>	Are described in the CoSTR documents ( <a href="https://costr.ilcor.org">https://costr.ilcor.org</a> )
<b>Method:</b>	Mixed methods including ARC NHMRC methodology before 2017 and ILCOR GRADE methodology described in ILCOR publications since 2017.
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## Referencing this guideline

When citing the ANZCOR Guidelines we recommend:

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